

100

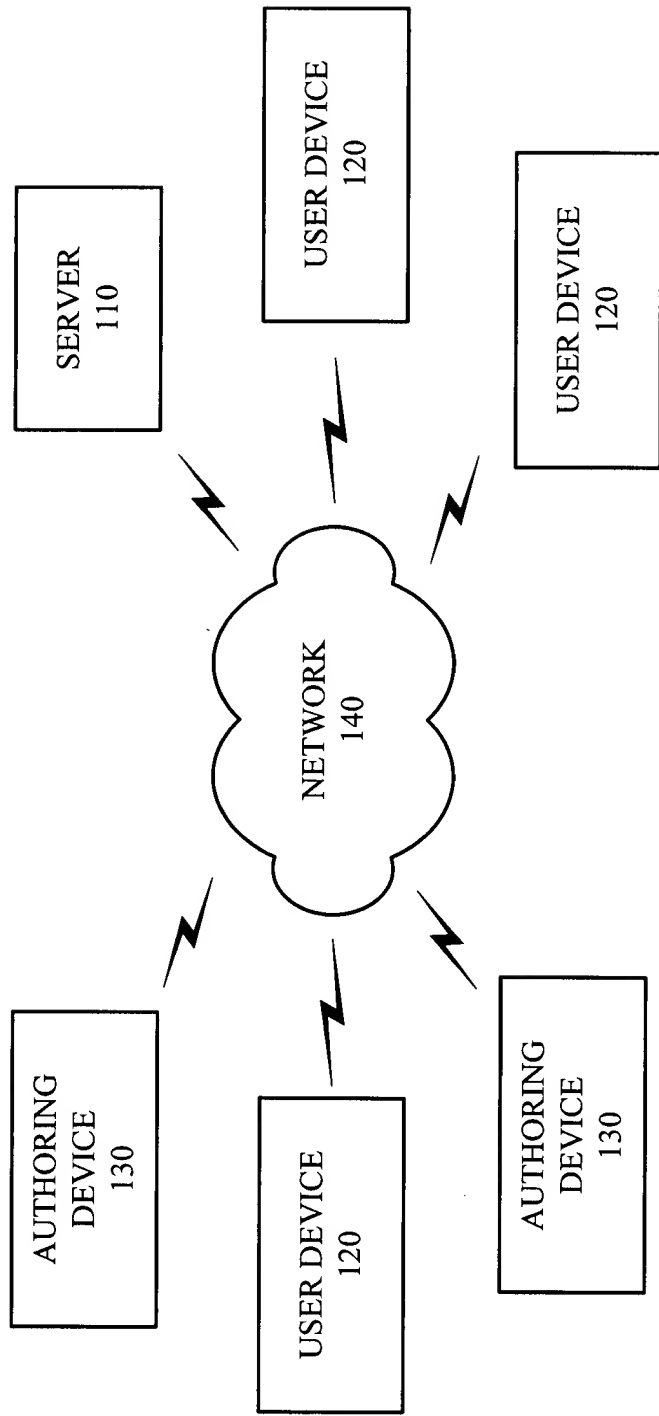
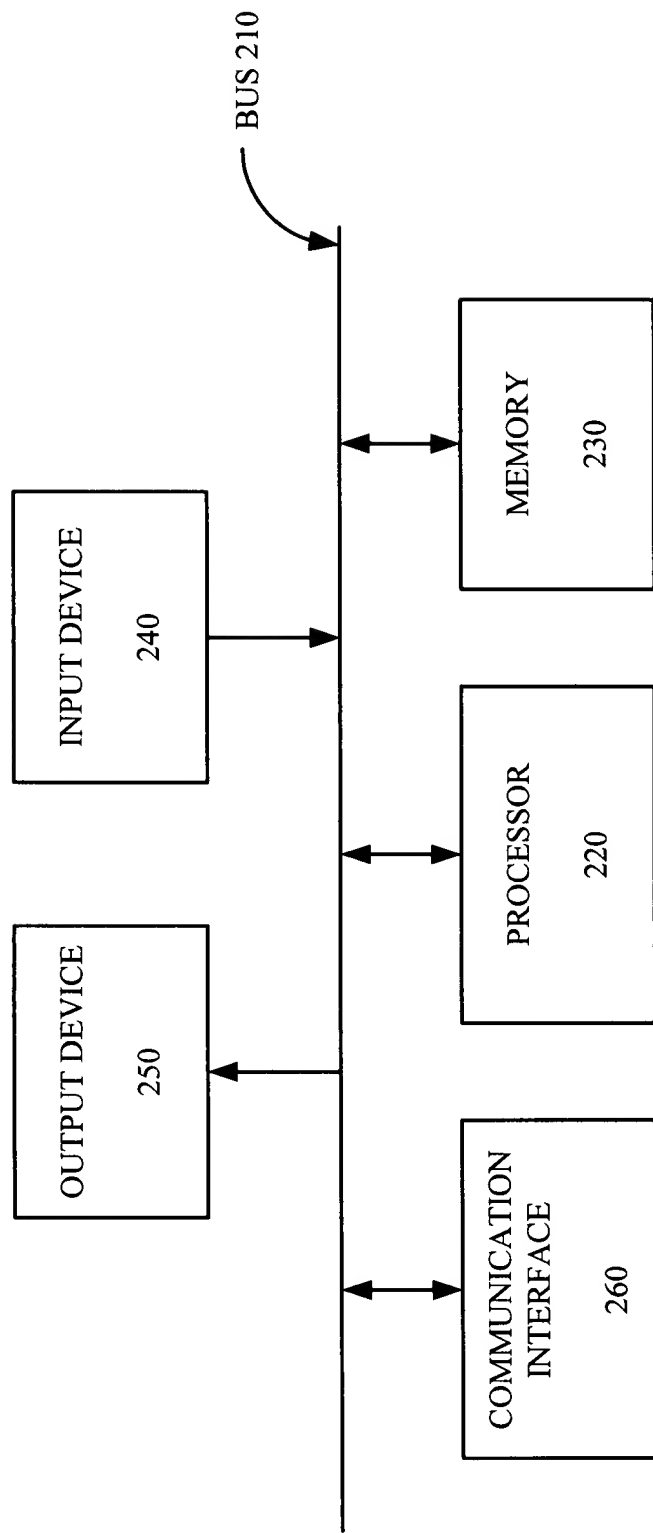


FIG. 1



**FIG. 2**

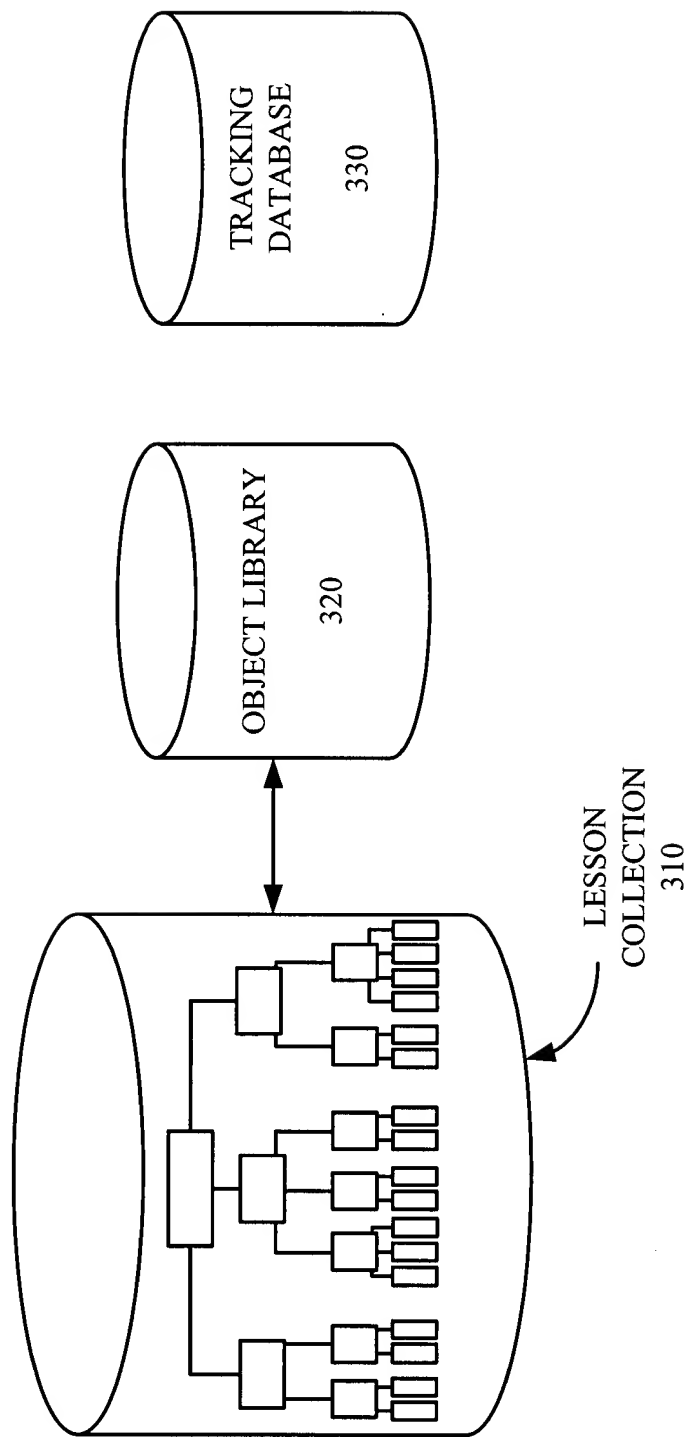


FIG. 3

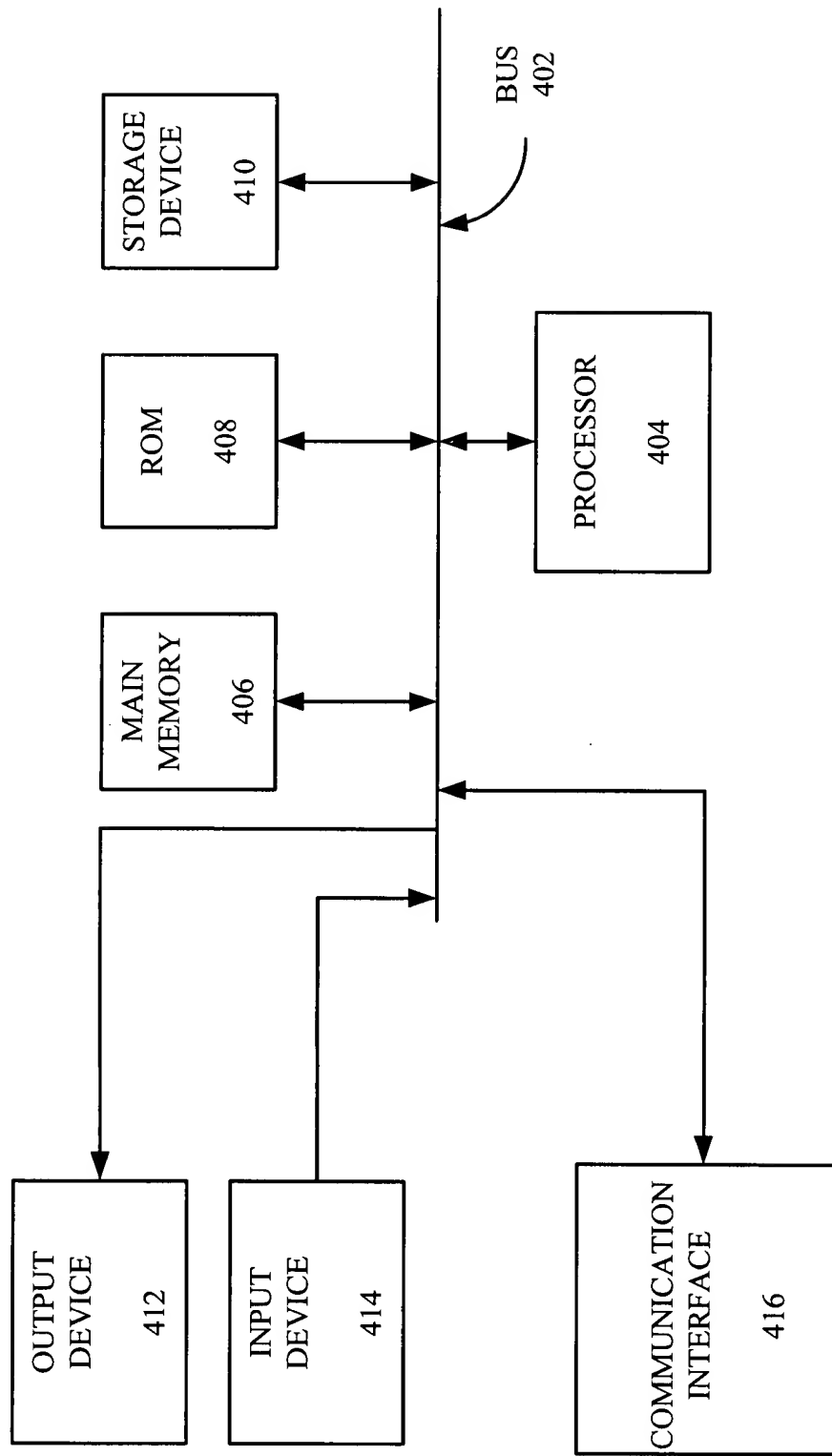


FIG. 4

00000000 2484060

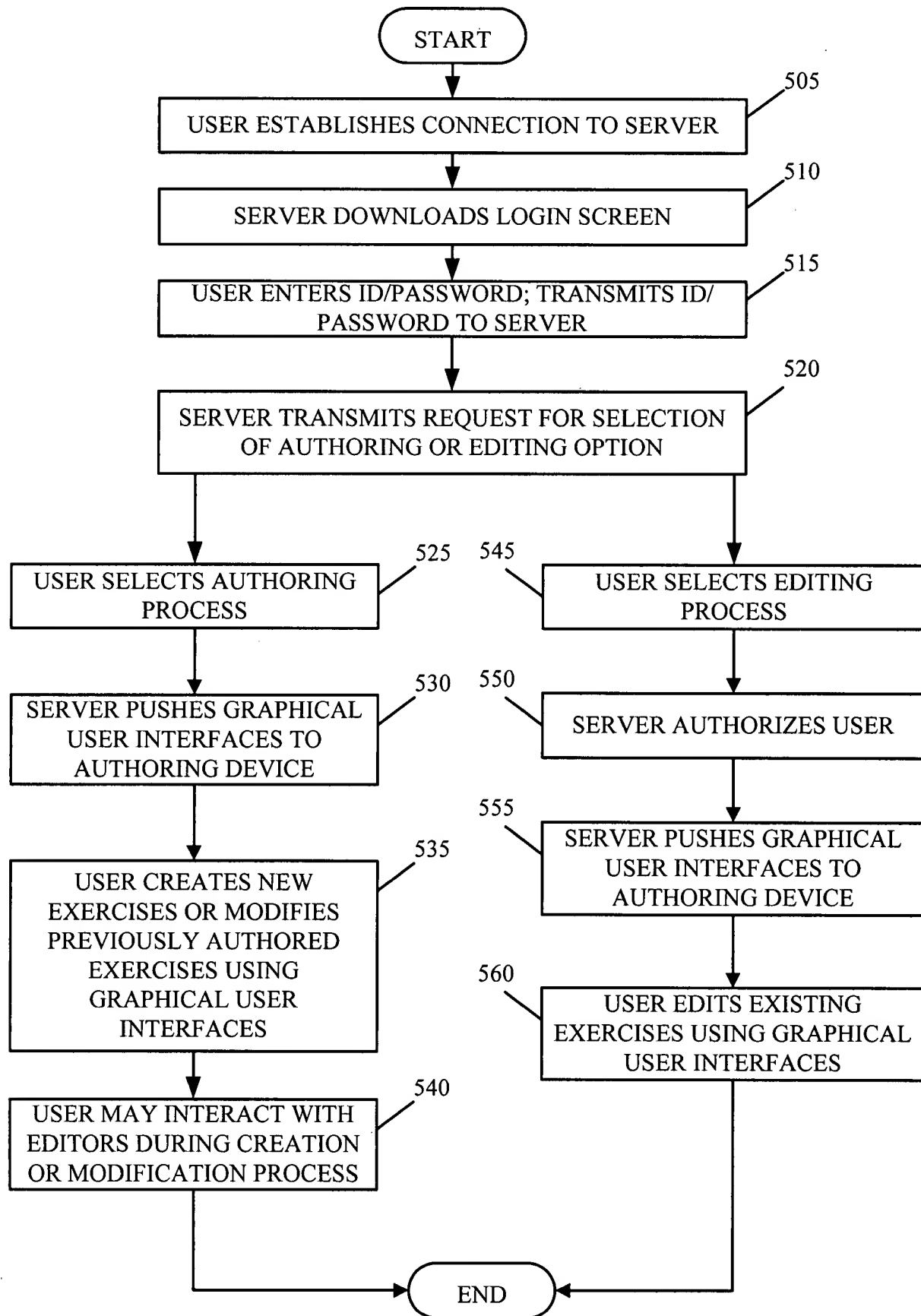


FIG. 5

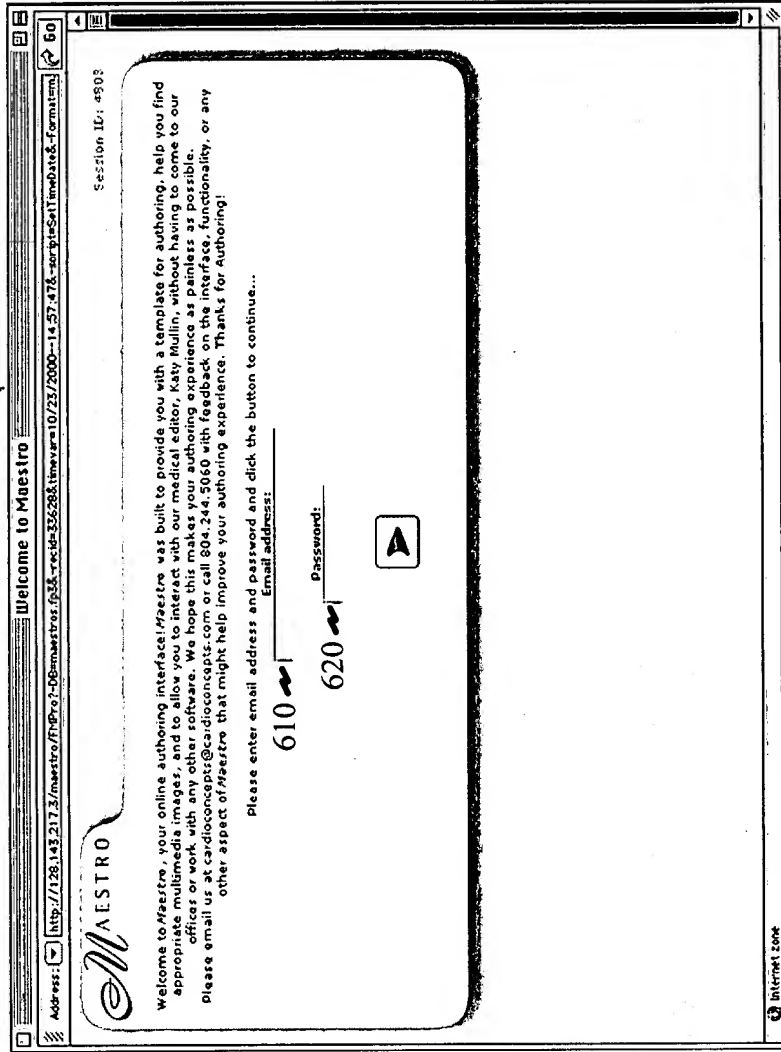


FIG. 6

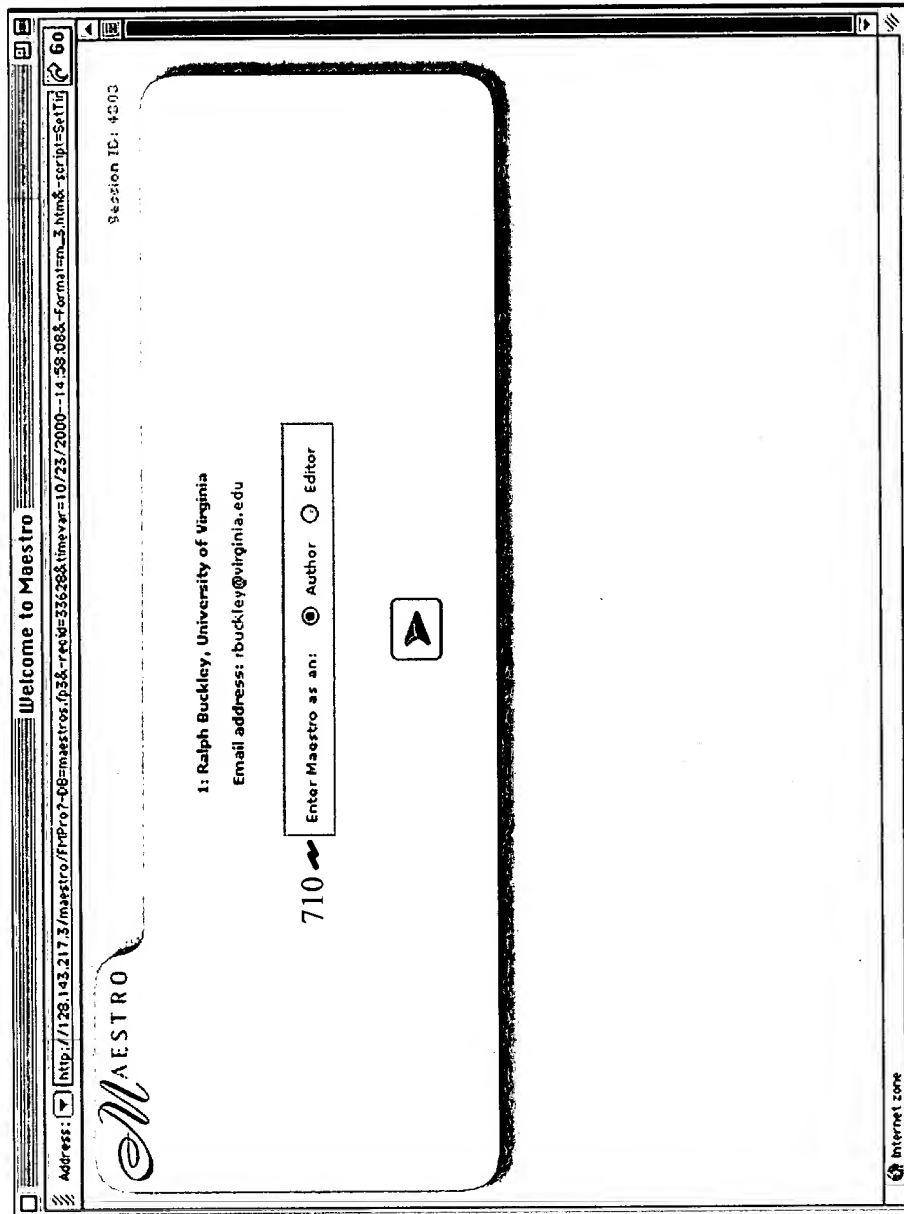


FIG. 7

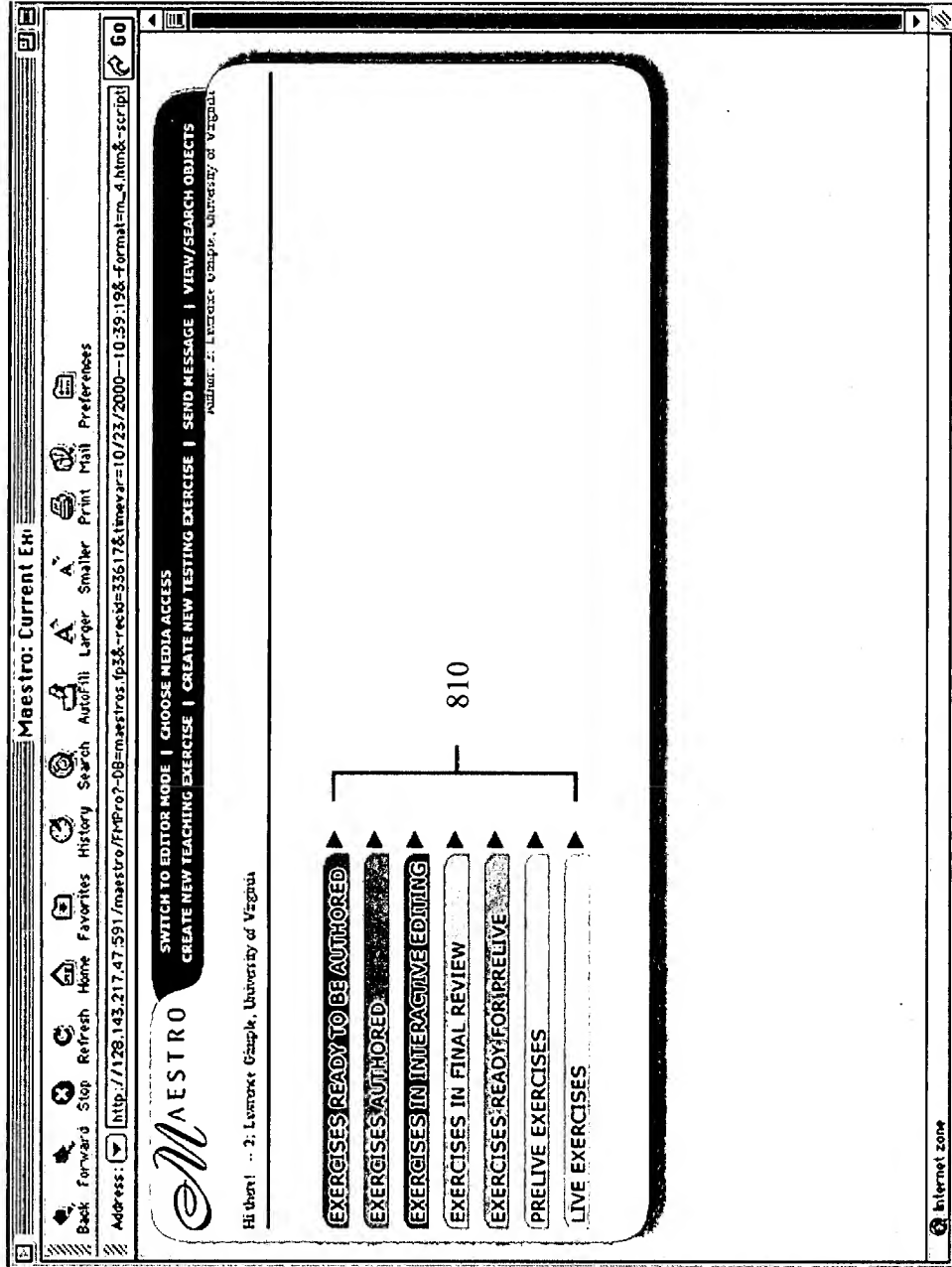


FIG. 8



**FIG. 9**

**FIG. 9**

1000

**MAESTRO**

Cath Conference - Friday, October 27, 2000    Starting Author: ...  
University of CONCEPTS UNIVERSITY    College Generic College    Pavilion Conference    Seminar Conference Cases  
Created: 10/20/2000 13:43:09    Author: Eric Powers    10/24/2000-9:47:51    Editor:  
Total questions: 17    Access level: 0820    Authorized record:

Comment: \_\_\_\_\_

Text of Question: \_\_\_\_\_

1010  Disclaimer: \_\_\_\_\_

1015  Objectnum: 1600 Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00

Object Description: \_\_\_\_\_

Tricorder: \_\_\_\_\_

1005

Placeholder Text Goes Here ... 1020

1025

☐ Correct if signed    Rank: 1 1055

Objectnum: \_\_\_\_\_ 1060

Object description: \_\_\_\_\_

Answer Choice: \_\_\_\_\_ 1065

Answer Response: \_\_\_\_\_ 1070

1075

☐ Correct if signed    Rank: 2 1055

Objectnum: \_\_\_\_\_

Object description: \_\_\_\_\_

Answer Choice: \_\_\_\_\_

Answer Response: \_\_\_\_\_

1050

FIG. 10

1100

Back Forward Stop Refresh Home Favorites History Search Autofill Larger Smaller Print Mail Preferences

Maestro: Objectise

MAESTRO

SEARCH

SEARCH

View All Object

Object number: 1105 Ready: 1110

Object type: 1110

Text: 1115

Date Requested: 10/23/2008

Copyright:

SUBMIT

No correct selection set

FIG. 11

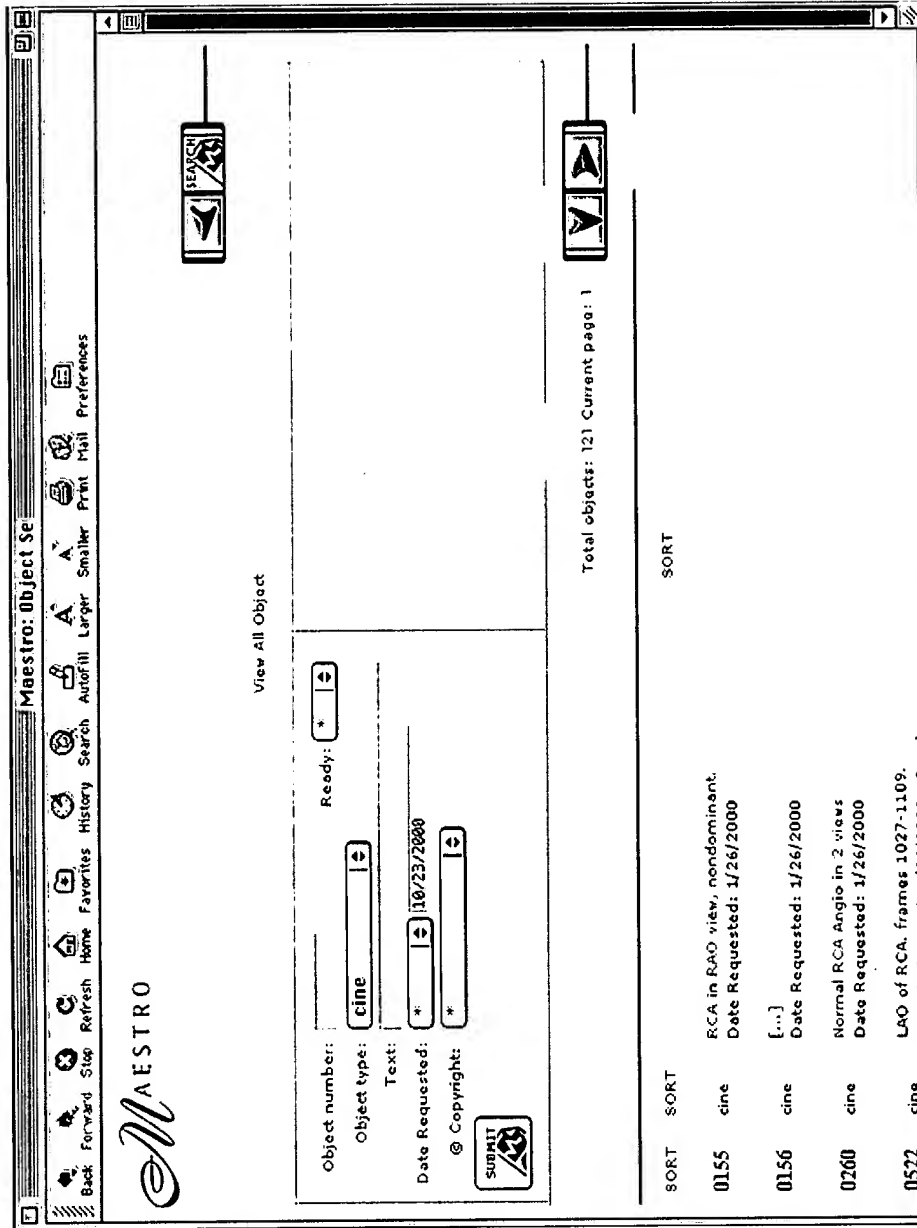


FIG. 12

1300

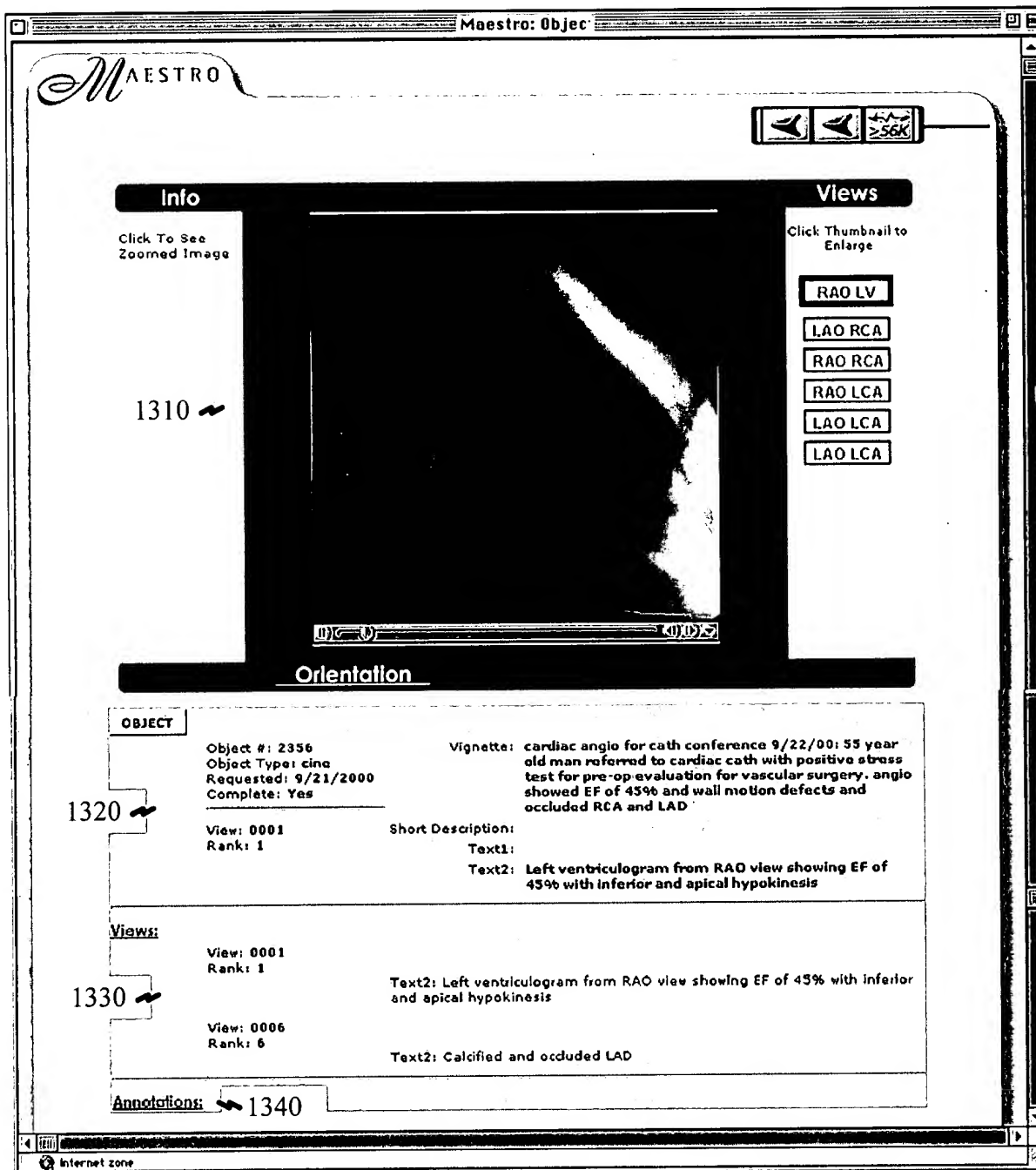


FIG. 13

Address: [http://128.143.217.3/maestro/fttPro?DB=maestros.fp3&recId=53626&keyvar=10723/2000--13:07:46&format=m\\_19.htm&script=Set](http://128.143.217.3/maestro/fttPro?DB=maestros.fp3&recId=53626&keyvar=10723/2000--13:07:46&format=m_19.htm&script=Set)

Click on the to select disclaimer:

<div> <div>1</div> <div> <input checked="" type="checkbox"/> </div> </div>	<div> <div>Generic Drug</div> <div>Brand Name</div> <div>Class Name</div> <div>Discrete Name</div> <div>Type of Disclaimer</div> <div>Drug Specific</div> </div>	<div> <div>Tirofiban</div> <div>AGGRASTAR</div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div>Tirofiban, in combination with heparin, is indicated for the treatment of acute coronary syndromes, including patients who are to be managed medically and those undergoing PTCA or atherectomy.</div> </div>
<div> <div>2</div> <div> <input checked="" type="checkbox"/> </div> </div>	<div> <div>Generic Drug</div> <div>Brand Name</div> <div>Class Name</div> <div>Discrete Name</div> <div>Type of Disclaimer</div> <div>Drug Specific</div> </div>	<div> <div>simvastatin</div> <div>ZOCOR</div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div>Therapy with lipid-altering agents should be considered in those individuals at increased risk for atherosclerosis-related clinical events as a function of cholesterol level, the presence of CHD, or other risk factors. Lipid-altering agents should be used in addition to a diet restricted in saturated fat and cholesterol when the response to diet and other nonpharmacological measures alone has been inadequate.</div> </div>
<div> <div>3</div> <div> <input checked="" type="checkbox"/> </div> </div>	<div> <div>Generic Drug</div> <div>Brand Name</div> <div>Class Name</div> <div>Discrete Name</div> <div>Type of Disclaimer</div> <div>Drug Specific</div> </div>	<div> <div>Beta Blockers</div> <div>Myocardial Infarction</div> <div>Discrete Specific</div> </div>	<div> <div>Only metoprolol and atenolol are FDA approved for "early use" in MI. Propranolol and timolol are FDA approved after patient survives the acute phase of MI. The authors do not recommend the use of other beta adrenergic blockers for this indication.</div> </div>
<div> <div>4</div> <div> <input checked="" type="checkbox"/> </div> </div>	<div> <div>Generic Drug</div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div>Lisinopril</div> </div>	<div> <div>Lisinopril is FDA approved for stable patients within 24 hours of acute MI; captopril for stable patients with LV dysfunction after MI; ramipril for CHF in stable patients within the first days after MI. The authors do not recommend the use of other angiotensin</div> </div>

Internet Zone

FIG. 14

1500

MAESTRO

Session ID: 1500

Address: <http://128.143.217.3/maestro/impro?db=Maestro5.fp3&-recID=33631&trackerId=1-2843-2844-7914-0-104503-0-0-0-0001-0&timevar=>

Cath Conference - Friday, October 27, 2000 Status: Authorized  
Universitat de València CONCEPTE UNIVERSITAT DE VALÈNCIA CONCEPTE UNIVERSITAT DE VALÈNCIA CONCEPTE  
Created: 10/20/2000-16:45:09 Author: Eric Powers 10/24/2000-9:47:51 Editor  
Total Questions: 16 Access Level: 0128 Authorized record

1510

BROWSE

1515

Object Description:

1505

Text of Question:

1520

Disclaimers:

1525

Objectum:

1530

Object Description:

1535

Tricorder:

Thanks to the coordinators of this week's case!

Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00

CANCEL

DELETE

ACCEPT

Internet zone

FIG. 15

1600

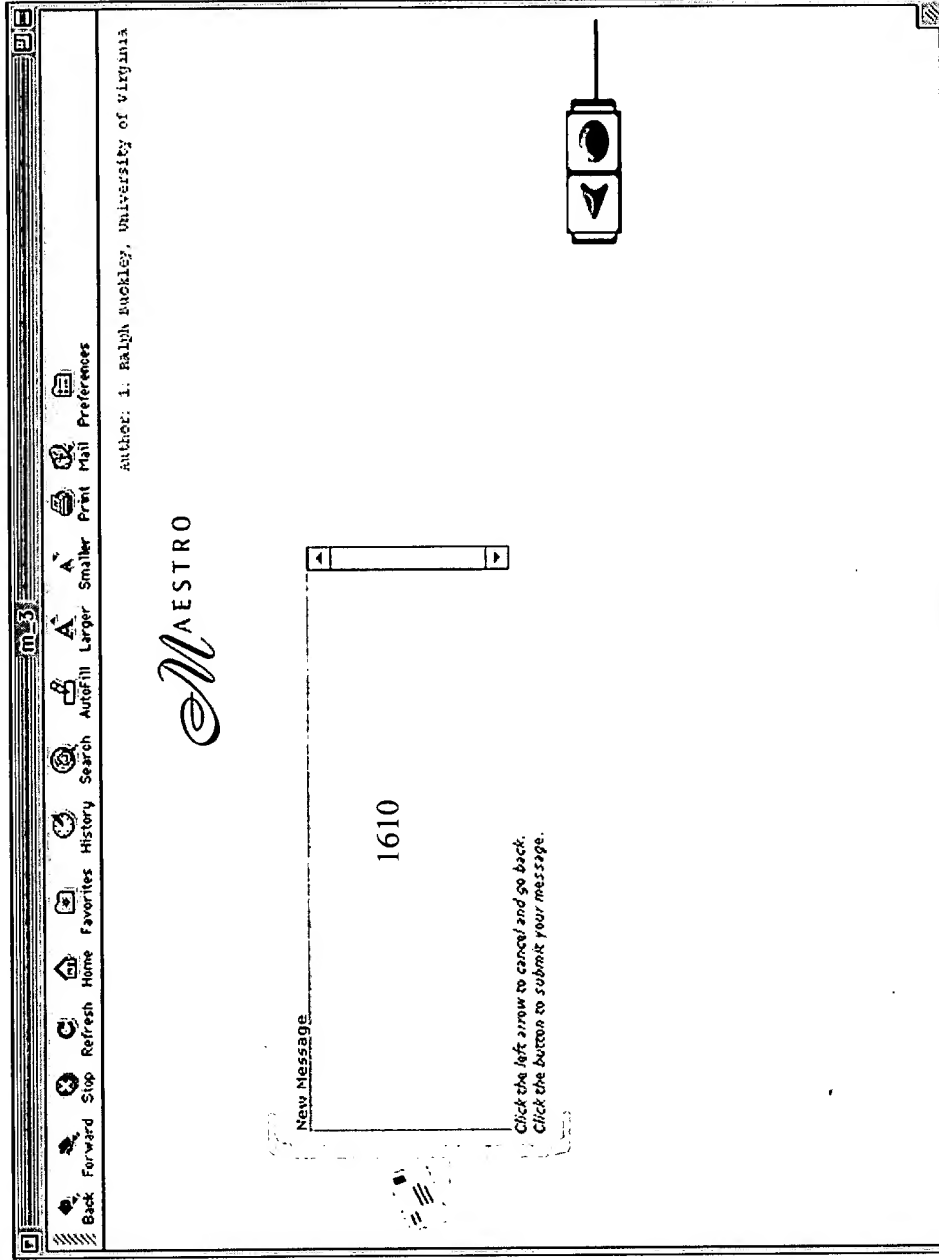


FIG. 16



1700

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Session ID: 4801

Questions/Statements

**MAESTRO**

CLONE 4+1E for Cardioversion of Patient with Atrial Fibrillation Status Interactive Editing  
 University of Virginia UNIVERSE College of Medicine Pavlana Echocardiography Seminar Echo Literature  
 Created: 10/21/2000-10:29:52 Author: Ralph Buckley 10/23/2000-9:06:48 Editor: Ralph Buckley 10/23/2000-10:06:48  
 Total questions: 19 Access level: 0102 Author used record

Select Question or Statement below, choose a command

**1720**

**Statement Rank 1 Level 5 Final Medical Approval Objects 1024 single**

**Management of Cardioversion in Patients with AF**

**Author used record**

This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results will also be available after the ACC meeting in March 2000. Look for an update to this lesson next month. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

**Editor's changes**

This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

**1730**

**Statement Rank 2 Level 3 Ready for Medical Approval Objects 1039 literature**

**Deep guidelines for af management**

Atrial fibrillation affects over 2 million Americans, with the incidence of AF increasing with age. The appropriate management of patients with AF is still being studied in multi-center trials. Elective cardioversion from AF to sinus rhythm is a common procedure which carries with it risk of thromboembolic events. Most of these thromboembolic events occur because of left atrial appendage thrombi. Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy are listed above. Please review them to learn the standard of care for cardioversion of patients with AF.

FIG. 17

**FIG. 18**

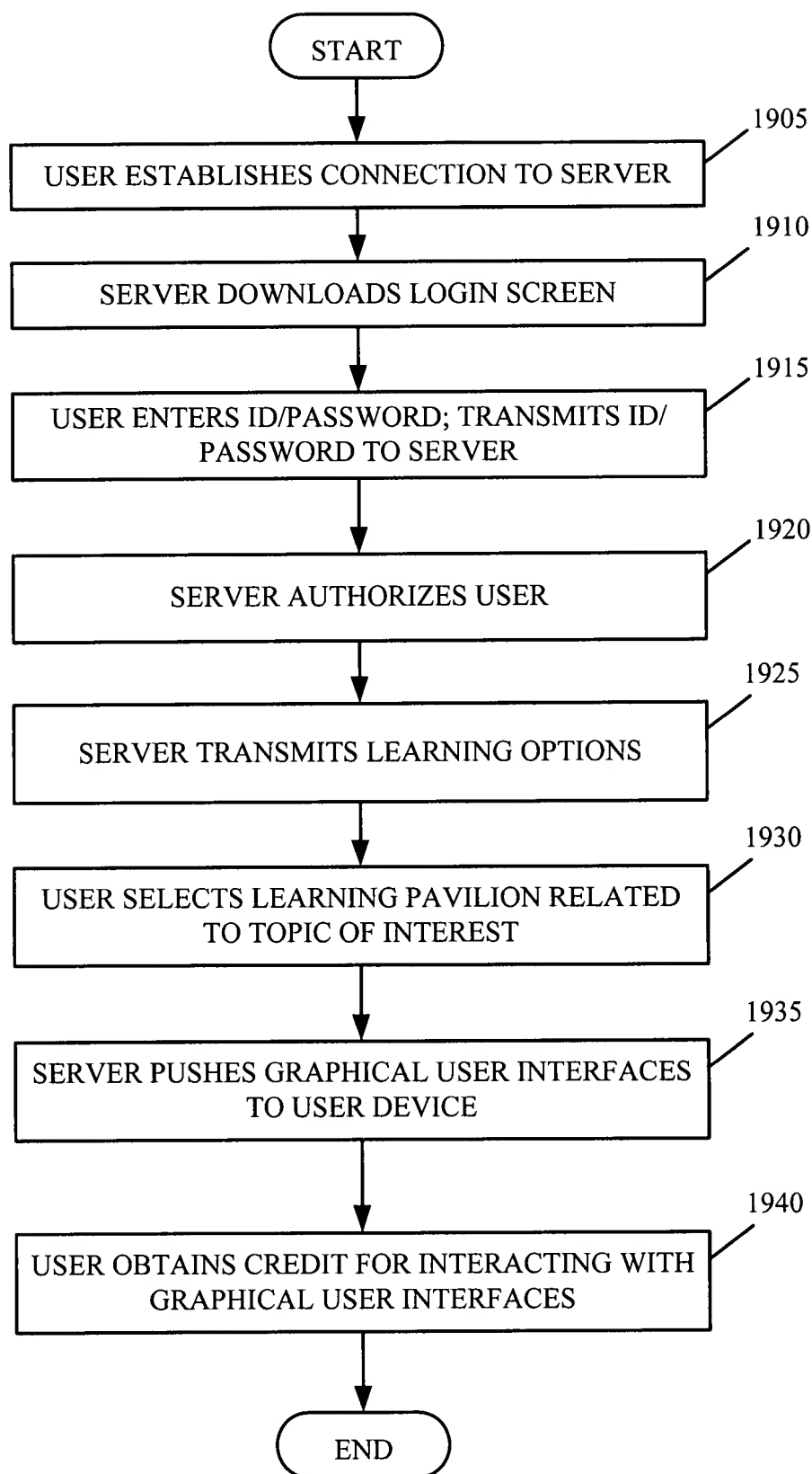
[illegible]

FIG. 19

DATE: 24340450

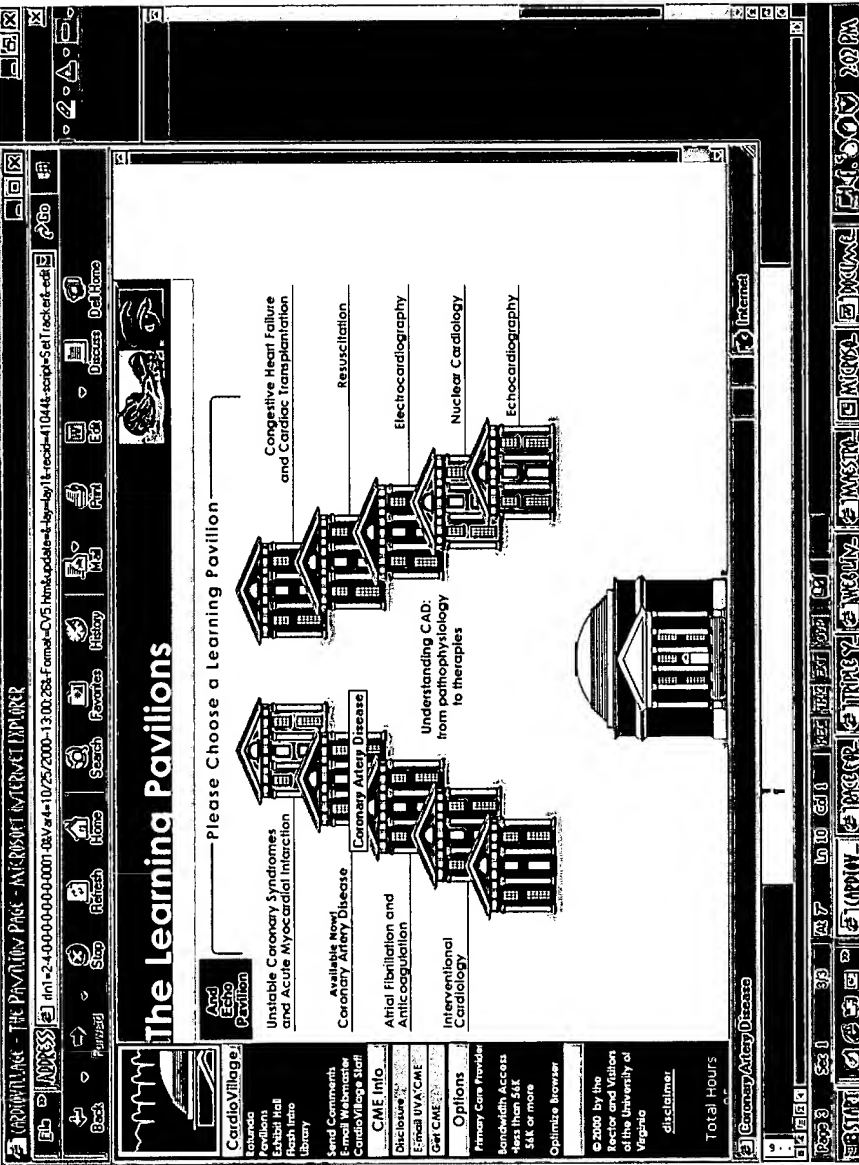


FIG. 20

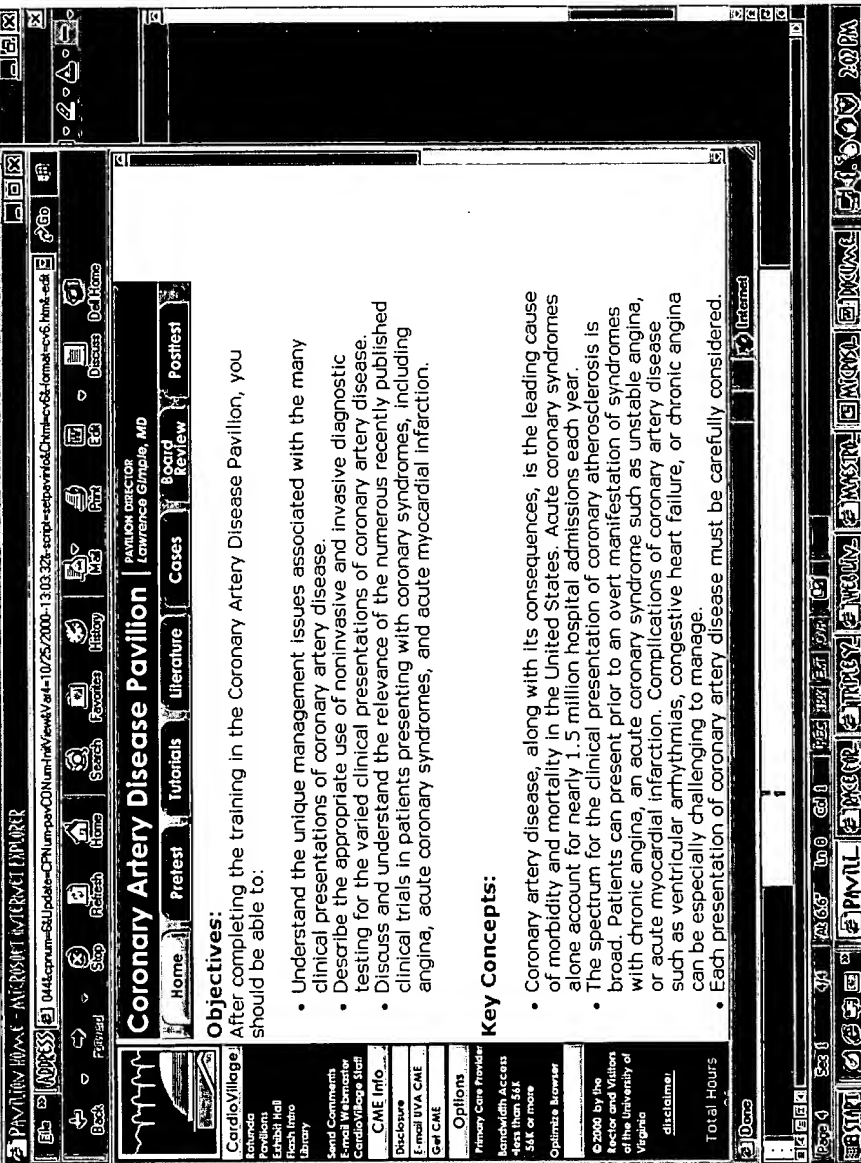


FIG. 21



**FIG. 22**

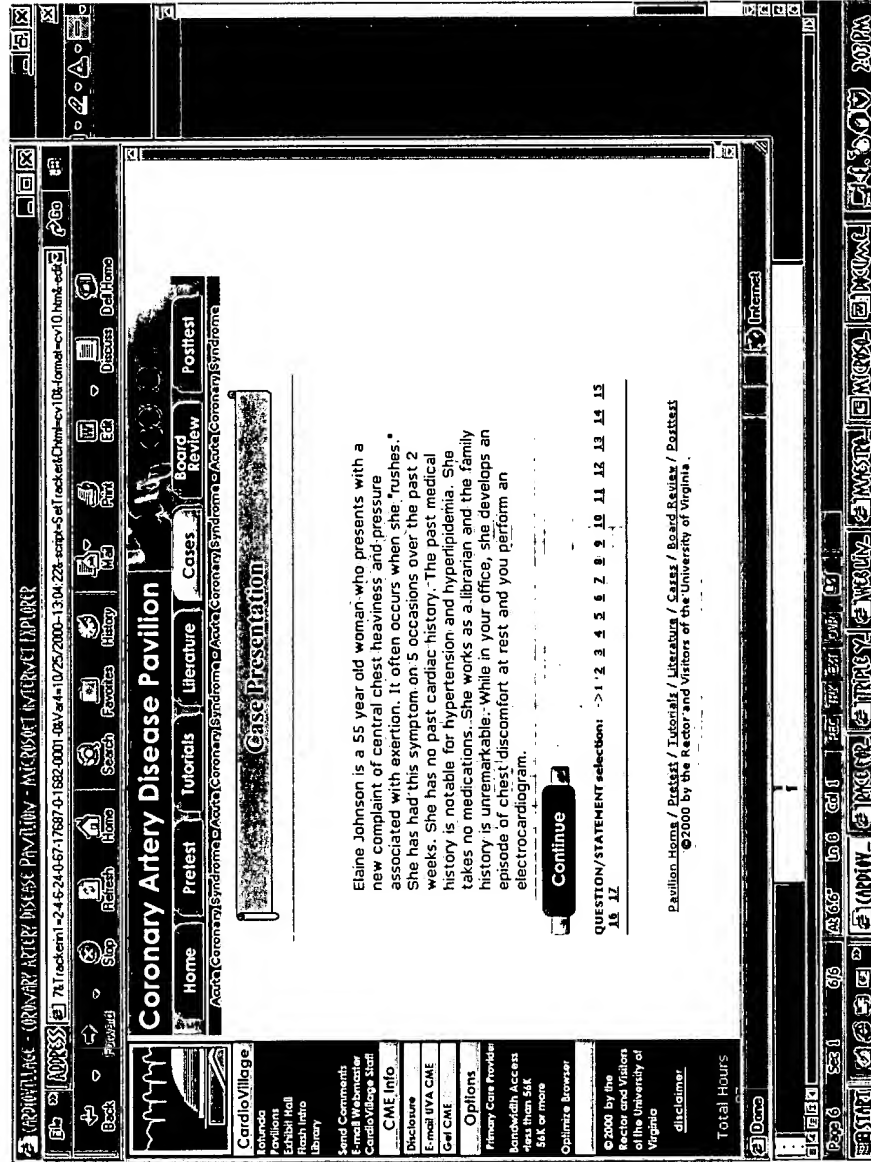


FIG. 23

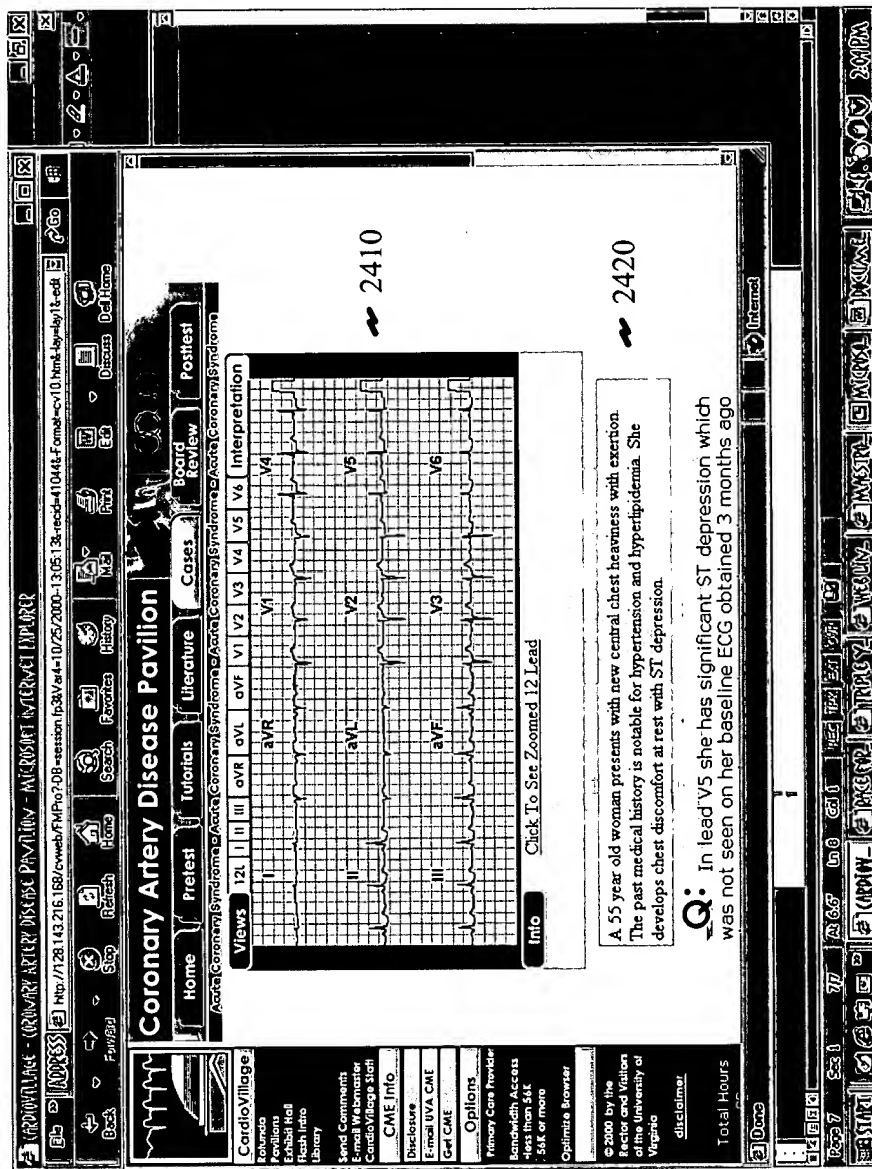


FIG. 24A





**FIG. 24B**

START

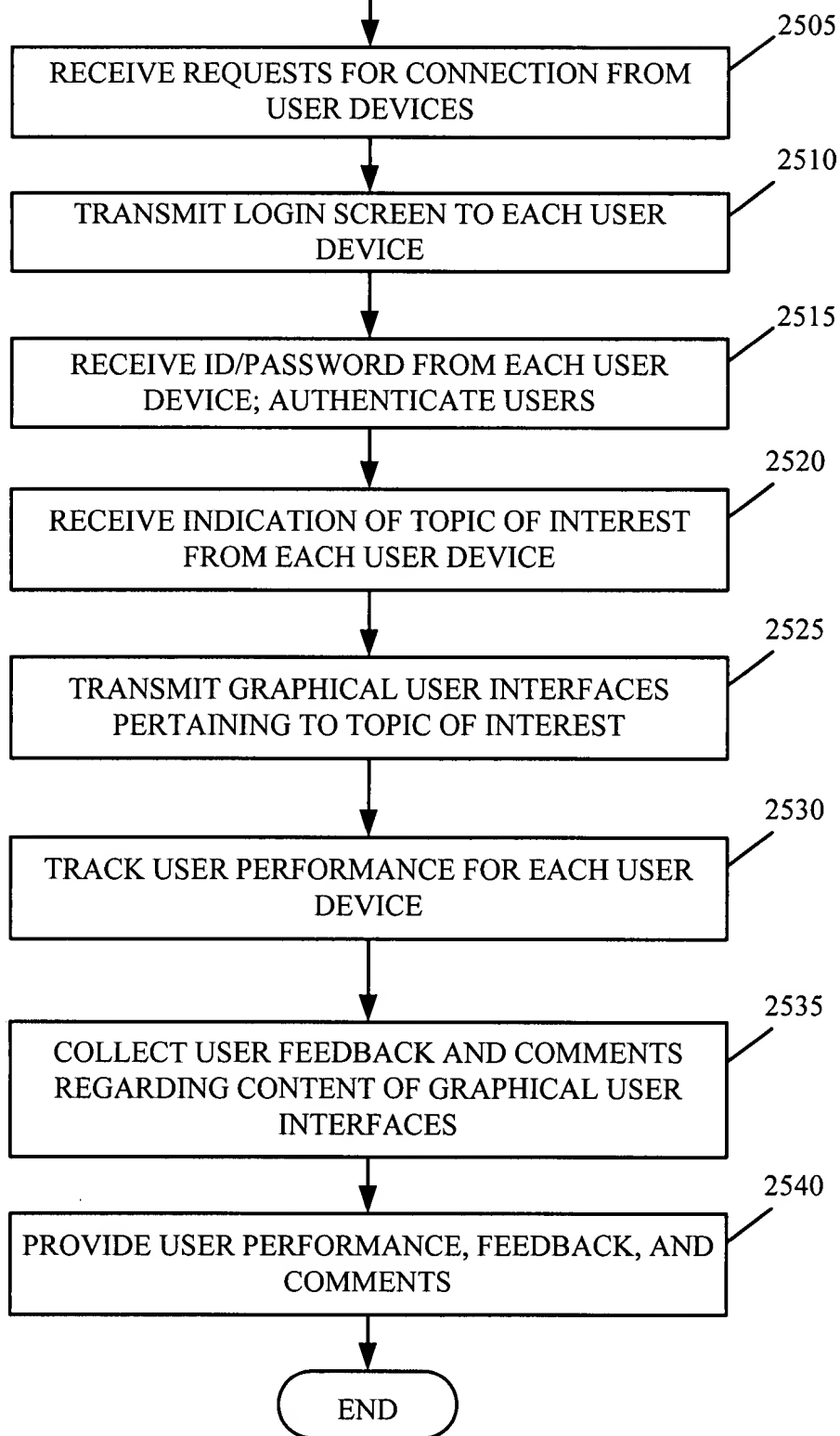


FIG. 25